Supplementary Table 1. Summary of recent studies focusing on missed upper gastrointestinal cancer.

AUTHOR	DESIGN	POPULATION	MEC MAIN		LIMITATIONS
			RATE	FINDINGS	
Raftopoulus	Retrospective	Esophageal and	Not	Alarms symptoms	Population-based
F.C. 2010 <sup>8</sup>	Single-center	gastric cancer.	reported.	may be associated	database
		Australia	11	with ME.C	Univariate analysis
			MEC. 5		Low statistical
			possible		power
			MEC		
			Global		
			missed		
			cancer		
			rate:		
			6.7%		
Chadwick G.	Retrospective	Esophageal cancer.	MEC:	MEC may be	Missing data since
2014 11	Nationwide	UK	7.8%	misdiagnosed as	medical records
	population-			having a benign	were unavailable.
	based cohort			esophageal ulcer	Prior Barrett's
					esophagus was not
					an exclusion
					criterion.
					Gastric GEJ tumors
					were included
Yalamarthi	Retrospective	Esophageal and	MEC:	Error by the	Descriptive study
S. 2004 <sup>13</sup>	Single-center	gastric cancer.	Not	endoscopists	Single-center
		UK	reported	accounted for most	
			Global	missed lesions	
			missed		

Global and an in-patient missed settings were cancer associated with a missed lesser likelihood of interval cancers.  Cheung D. Retrospective gastric cancer.  UK reported. lack of alarm Global symptoms, female missed gender, cancer esophageal rate: squamous cell lack of abornmalities.  Cheung D. Retrospective Esophageal and MEC: Missed cancer was published as abstract.  WK single-center gastric cancer.  UK missed gender, cancer esophageal rate: squamous cell lack of alarm insufficient number of biopsies from recognized abnormalities.  Cheung D. Retrospective Esophageal and MEC: Missed cancer was Administrative database, control study.  UK Global younger age, Missing data sin missed female gender, medical recondatabase cancer increasing were unavailable rate: 6.7 comorbidity, eg. 79.6						cancer		
Wang Y.R Administrative Esophageal and MEC: Endoscopy database  2016 9 database gastric cancer. Not performed by gastroenterologists Sclection bias sin only SEEI missed settings were cancer associated with a rate: lesser likelihood of 7.9% interval cancers.  Cheung D. Retrospective Gastric cancer. UK associated with a patient were included. With a patient were included. The patient were included.						rate:		
2016 9 database gastric cancer.  US reported gastroenterologists Selection bias sim only SEEL missed settings were cancer associated with a rate: lesser likelihood of 7.9% interval cancers.  Cheung D. Retrospective Esophageal and MEC: Missed cancer was abstract.  UK reported. lack of alarm Global symptoms, female missed gender, cancer esophageal rate: squamous cell 14.3% carcinoma and an insufficient number of biopsies from recognized abnormalities.  Cheung D. Retrospective Esophageal and MEC: Missed cancer was abstract.  Cheung D. Retrospective Esophageal and MEC: Missed cancer was from recognized abnormalities.  Cheung D. Retrospective Esophageal and MEC: Missed cancer was database.  Cheung D. Retrospective Esophageal and MEC: Missed cancer was database.  Cheung D. Retrospective Cancer. S.3 % associated with a cancer medical recognized abnormalities.  Cheung D. Retrospective cancer. Cancer increasing were unavailable atabase increasing were unavailable geg. 79.6						7.2%		
US  reported gastroenterologists only SEEJ  Global and an in-patient only SEEJ  missed settings were cancer associated with a rate: lesser likelihood of 7.9% interval cancers.  Cheung D. Retrospective gastric cancer.  UK  Global and an in-patient were included.  Tate: lesser likelihood of 7.9% interval cancers.  UK  reported. lack of alarm Global symptoms, female missed gender, cancer esophageal rate: squamous cell 14.3% carcinoma and an insufficient number of biopsies from recognized abnormalities.  Cheung D. Retrospective Esophageal and MEC: Missed cancer was abstract.  Cheung D. Retrospective Esophageal and MEC: Missed cancer was from recognized abnormalities.  Cheung D. Retrospective Esophageal and MEC: Missed cancer was Administrative database. control study. UK  Population database  Cancer increasing were unavailable rate: 6.7 comorbidity, eg. 79.6	Wang	Y.R	Administrative	Esophageal	and	MEC:	Endoscopy	Administrative
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Cheung D. Retrospective Esophageal and MEC: Missed cancer was Published as a stract.  UK reported. lack of alarm Global symptoms, female missed gender, cancer esophageal rate: squamous cell 14.3% carcinoma and an insufficient number of biopsies from recognized abnormalities.  Cheung D. Retrospective Esophageal and MEC: Missed cancer was Administrative database control study. UK Global younger age, Missing data single female gender, medical recondition of the missed female gender, medical recondition missed female gender, medical reconditions.						rate:	lesser likelihood of	
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Cheung D. Retrospective Esophageal and MEC: Missed cancer was Administrative database.  Control study. Population database  Cancer esophageal squamous cell squamous cell insufficient number of biopsies from recognized abnormalities.  MEC: Missed cancer was Administrative database.  Global younger age, Missing data since female gender, medical recognized abnormalities.						Global	symptoms, female	
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rate: 6.7 comorbidity, eg. 79.6			Population			missed	female gender,	medical records
			database			cancer	increasing	were unavailable.
						rate: 6.7	comorbidity,	eg. 79.6 %
%   increasing						%	increasing	

	deprivation,	and a	esophageal cancer of
	lack of	alarm	unknown location.
	symptoms	at	
	presentation	l.	

MEC = Missed esophageal cancer, UK = United Kingdom.